

E. **Test and Repair** (Include Address if Different than above)
 - / - /
 Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)
 - / - /
 Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

G. Lisa Brown **Mailing Address**
Regulatory Officer (Included Address if Different Address if different than above)
 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
 Telephone Number / Facsimile Number / E-mail Address
 Lisa Brown

H. **Dual Party Mailings** (Name)
 (Mailing Address)
 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
 Telephone Number / Facsimile Number / E-mail Address
 Lisa Brown

I. **Interim LEC Fund Mailing** (Name)
 (Mailing Address)
 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
 Telephone Number / Facsimile Number / E-mail Address
 Lisa Brown

J. **Universal Service Fund Mailings** (Name)
 (Mailing Address)
 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
 Telephone Number / Facsimile Number / E-mail Address
 Lisa Brown

K. **Gross Receipts Mailings** (Name)
 (Mailing Address)
 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
 Telephone Number / Facsimile Number / E-mail Address

Lisa Brown / *Lisa Brown*
This form was completed by **Signature**
 Account Manager / 1/18/2011
Title **Date**

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
 Post Office Drawer 11649
 Columbia, South Carolina 29211
 And
 Office of Regulatory Staff
Attn: Jeanne Gordon
 1401 Main Street
 Columbia, South Carolina 29201